

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICER
(703) 205-5433

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51					
2	1	1					52					
3		2					53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15		1					65					
16							66					
17	1						67					
18		1					68					
19		2					69					
20		2					70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27		1					77					
28	1						78					
29							79					
30		1					80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	28						TOTAL DEP.					
TOTAL CLAIMS	33	1	1	1	1		TOTAL CLAIMS		1	1	1	1